

**Supportive Services Chart**

List all the services to be provided to MHSA tenants in the MHSA Rental Housing Development, including any in-kind services essential to the success of your Supportive Services Plan. Add additional lines to the Supportive Services Chart as needed.

Supportive Service		Target Population	Service Provider(s)	Service Location
List each service separately (e.g., case management, mental health services, substance abuse services, etc.)		Name the target population(s) that will be receiving the supportive service listed.	List the name of the proposed service provider.	Indicate where the service is to be provided - onsite or offsite. For offsite services, indicate the means by which residents will access the service.
1	Service Coordination	MHSA eligible residents	PATH Ventures	On-site
2	Mental Health Services	MHSA eligible residents	Full Services Partnership	On-site
3				
4				
5				
6				
7				
8				
9				
10				

<b>Primary Service Provider:</b>	PATH Ventures
----------------------------------	---------------

(Indicate the primary service provider, i.e., entity responsible for providing services to the tenants of the MHSA Housing Program units, and for overall implementation of the Supportive Services Plan, including coordination between multiple service providers where applicable.)

07/27/2010